NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		- 4.0
Full Name BND MG		
Primary Occupation	(12) TEXINE e-mail *optional work Phone	527-9/V
Name of office, appointment, or employment with government	51000 CENTE	
proprietor, or employee, or ser	ess, and type of any profession, business, or other organization in which you or a family member was an office wed in any other professional or advisory capacity, and from which any income in excess of \$10,000 was ment benefits other than federal retirement and/or disability benefits shall be included.	•
1. MORTIN L	ORD & DSMAN PA I MILL PLAZA LACONIA	44550 44
2.		RECEIVED
3.		
If you have no qualifying incom	e indicate by writing your initials next to the following statement. My income does not qualify	MAR 09 2009 NEW HAMPSHIRE
reportable special interest in an discipline a licensee or permitte	or a family member has a special interest in any of the following businesses, professions, occupations, grou ps r item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contra e, or other decision by government affecting the listed business, profession, occupation, group, or matter would y member than it would on the general public:	ct, grant a license or permit,
1. Any profession, occup	pation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation,	or category of business
2. Health Care 73. Ir		of New Hampshire, county, or Il employment
7. N.H. Retirement System	8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated Utilities Commission	by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Wa	ter Resources
16. Agriculture	17. N.H. Business Business Business Business Business Business Enterprise Tax Dividends Tax Business	er area in which you have a
RSA 15-A:9 Penalty. Any perso	y swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. In who knowingly fails to comply with the owingly files a false statement shall be guilty Signature of Reporting Individual	Date ,